



STATE OF HAWAII
 CAMPAIGN SPENDING COMMISSION
 235 S. Beretania Street, Room 300
 Honolulu, Hawaii 96813
 Phone: (808) 586-0285/Fax: (808) 586-0288
 www.hawaii.gov/campaign

CAMPAIGN SPENDING
 COMMISSION

'16 JUL 12 AM 11:04

RECEIVED

STATEMENT OF INFORMATION FOR
 ELECTIONEERING COMMUNICATIONS

Pursuant to Hawaii Revised Statutes ("HRS") §11-341, an electioneering communication means any advertisement that is broadcast from a cable, satellite, television, or radio broadcast station; published in any periodical or newspaper or by electronic means; or sent by mail at a bulk rate, and that: (1) Refers to a clearly identifiable candidate; (2) Is made, or scheduled to be made, either within 30 days prior to a primary or initial special election or within 60 days prior to a general or special election; and (3) Is not susceptible to any reasonable interpretation other than as an appeal to vote for or against a specific candidate.

Persons, which include an individual, a partnership, a candidate committee or noncandidate committee, a party, an association, a corporation, a business entity, an organization, or a labor union and its auxiliary committees, who make electioneering communications in an aggregate amount of more than \$2,000 during any calendar year, are statutorily required to file a Statement of Information within 24 hours of each disclosure date with the Commission. Persons who fail to submit this form timely will be in violation of the campaign finance laws.

*This form must be filed in addition to the filing of any other report required by candidate and noncandidate committees.

SECTION I - Information for Person Making Electioneering Communications

- Name of Person Making the Expenditure: PETE HOFFMANN
- Name of Person Sharing or Exercising Discretion or Control over the Person Making the Expenditure: PETE HOFFMANN
- Custodian of Books and Accounts of Person Making the Expenditure: CINDY KENNEDY

If the expenditure was made by a noncandidate committee, business entity, or an organization, please provide the additional information:

Names and Titles of Executives or Board of Directors Who Authorized the Expenditure: _____

State of Incorporation or Formation: _____

Principal Address: _____

If the expenditure was made by an individual, please provide the additional information:

Name: PETE HOFFMANN

Address: 68-1793 LUA KOLA PL WAIKOLUA, HI

Occupation: RETIRED - CANDIDATE

Employer: NONE

SECTION II - Contributions Received for the Electioneering Communication (Not applicable to individuals)

Please provide the name and address of each person contributing for the purpose of publishing or broadcasting the electioneering communication:

Name	Address

If you are a noncandidate committee making only independent expenditures (Super PAC), then please provide the top 3 contributors identified in the electioneering communication as required by HRS §11-393:

	Name
1	
2	
3	

Section III - Expenditures Made for the Electioneering Communication

1. Check which election the electioneering communication pertains:

Primary/1st Special

General/2nd Special

2. Complete the following table (as applicable):

A	B	C	D	E	F
Name of Person to Whom the Expenditure was Made (i.e., Vendor)	Amount	Name of Clearly Identifiable Candidate(s)	Support/Oppose	Coordinated with Candidate, Candidate Committee, Noncandidate Committee or its Agents	If Yes to (E), Name of Candidate, Candidate Committee, Noncandidate Committee or its Agents
PACIFIC MEDIA GROUP	2574.82	PETE HOFFMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PETE HOFFMAN
HAWAII-TRIB HERALD	3,195.58	" "	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
WEST HAWAII TODAY	1,673.80	" "	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
MAHALO MULTI MEDIA	1,266.65	" "	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
LOCAL PRODUCTION	203.12	" "	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
KOHALA MOUNT. NEWS	416.66	" "	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
OCEANVIEW MONTIQU	208.00	" "	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Yes <input type="checkbox"/> No	

 11 JUL 16
 Signature of Person Completing Form Date

(Provide attachment for additional contributions and expenditures)